



IRO REVIEWER REPORT – WC

DATE OF REVIEW: 04/16/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right L4-5 Epidural Steroid Injection

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified in Orthopedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:

- Right L4-5 Epidural Steroid Injection - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant sustained a work injury on xx/xx/xx when she slipped and fell on ice, falling backwards. She was initially diagnosed with a contusion of the lumbar region, contusion of the sacrum and coccyx, and a wrist contusion. Conservative treatment was provided which included physical therapy, medications, injections and diagnostics. Current diagnoses include congenital spondylolisthesis, lumbosacral neuritis or radiculitis, and lumbar intervertebral disc w/o myelopathy. Most recently, the treating physician has recommended an ESI at the 4-5 level, noting that decompressing or stabilizing may need to ultimately be considered.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The current clinical information did not support an epidural steroid injection in line with the Official Disability Guideline recommendations as there is a lack of current imaging findings documenting neural impingement of a nature that would cause a radiculopathy and there is only mild right neural foraminal stenosis at L4-L5 identified with no indication of impingement on the exiting nerve. Therefore, lacking imaging findings correlating with physical exam findings for a radiculopathy, at this time the requested epidural steroid injection on the right at L4-L5 is not medically necessary within Official Disability Guideline recommendations.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☒ ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES